

**APPLICATION FOR EMPLOYMENT AS A
LOCALLY EMPLOYED STAFF OR FAMILY MEMBER**

EXPIRES: 12/31/2012

ESTIMATED BURDEN: 1 Hour

(This application is for positions recruited by the U.S. Mission under the
Office of Overseas Employment's Interagency Local Employment Recruitment Policy)

POSITION		
1. Position Title <input type="text"/>	2. Grades <input type="text"/>	
3. Vacancy Announcement Number (if known) <input type="text"/>	4. Date Available for Work (mm-dd-yyyy) <input type="text"/>	
PERSONAL INFORMATION		
5. Last Name(s)/Surnames <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>
6. Other Names Used: <input type="text"/>		
7. Date of Birth (mm-dd-yyyy): <input type="text"/>	8. Place of Birth <input type="text"/>	
9. Current Address <input type="text"/>	10. Phone Numbers Day <input type="text"/> Evening <input type="text"/> Cell <input type="text"/>	
11. E-mail Address <input type="text"/>		
12. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Do you have permanent U.S. Resident status? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide number <input type="text"/>		
14a. U.S. Social Security Number (for U.S. Citizens/Permanent U.S. Residents) <input type="text"/> and/or		
14b. Country Identification Number <input type="text"/>		
15. Are you legally eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Mission HR may require verification of eligibility. Please attach copies of all documentation that confirms your legal eligibility to work in this country (e.g., work permit, residency permit). If you are not sure if you need to submit proof of eligibility, contact the Mission's HR Office.		
16. If hired, are there accommodations the Mission needs to provide so that you can perform all the essential functions and duties of the position? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>		
17. If you are applying for a position that includes driving a U.S. Government vehicle, do you have a valid driver's license? If yes, Class/Type of License <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> If yes, have you operated a vehicle without incident for the past three years?		
18. What days are you available to work as part of a regularly scheduled work week? (Check all that apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		

19. Do any of your relatives or members of your household work for the United States Government? ☐ Yes ☐ No

If yes, provide the details below. If you need more space, use an additional sheet of paper. (See Instructions for Completing the DS-174 for the definition of relatives and members of household.)

Name	Relationship	Agency, Position, and Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

U.S. CITIZEN ELIGIBLE FAMILY MEMBER (USEFM) AND U.S. VETERANS HIRING PREFERENCE

20. Are you claiming preference in hiring under U.S. law, including the Foreign Service Act of 1980, based upon your status as either a U.S. Citizen Eligible Family Member (USEFM) or U.S. Veteran? See Instructions for Completing the DS-174 for additional information about the USEFM and U.S. Veterans hiring preference. (Check only one)

- ☐ Yes, I am a U.S. Citizen EFM and also a U.S. Veteran ☐ Yes, I am a U.S. Veteran
☐ Yes, I am a U.S. Citizen EFM ☐ No, I am neither a U.S. Citizen, nor a U.S. Veteran

If claiming eligibility for U.S. Veteran preference, you must attach a copy of your most recent DD-214, Certificate of Release or Discharge from Active Duty. If claiming conditional eligibility for U.S. Veterans preference, you must submit proof of conditional eligibility.

EDUCATION

21. Graduate School Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Diploma	Major Subject
Undergraduate College/University Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Diploma	Major Subject
High School/GED or Country Equivalent Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, highest grade level completed	
Other, e.g. Technical/Vocational School Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate/Diploma	Major Subject

LICENSE, SKILLS, TRAINING, MEMBERSHIP, AND RECOGNITION

22. List professional licenses, certifications, typing/keyboard, computer skills, formal and on-line training, and other skills and abilities you consider relevant to the position. Please include the license or certification number. Attach a copy if the license or certification is a requirement of the position. If licensed in the U.S., please list the state of issuance. If licensed in another country, please list the province/state/region and country of issuance. (Use additional pages, as required)

23. List professional organizations, associations, awards, honors, fellowships, and publications you consider significant.

LANGUAGES

24. List your languages, the appropriate competency levels, and your primary/first spoken/native language using the language standards below. You may only identify one primary/first spoken/native language.

Language Indicators:

Level I = Basic Knowledge

Level IV = Fluent

Level II = Limited Knowledge

Level V = Professional Translator/Interpreter

Level III = Good Working Knowledge

Language	Speak	Read	Write	Primary Language?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WORK EXPERIENCE

Include all work experience, paid and voluntary. Start with your present or most recent work experience. When describing work, list specific duties/responsibilities and accomplishments. Include supervisory responsibilities and the number of employees supervised. Go into as much detail as possible for work experience that directly relates to the advertised position. Include all periods of unemployment and the reason. *(Use additional pages, as required)*

25a. Job Title *(If U.S. Government, include the Series and Grade)*

From _____
(mm-dd-yyyy)
To _____
(mm-dd-yyyy)

Salary per Year in U.S. Dollars or Local Currency

Hours per Week

Employer's Name and Address

Supervisor's Name and Contact Information

Name _____

Phone Number _____

E-mail Address _____

May HR contact your current supervisor?

☐ Yes ☐ No

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving (Do not write "N/A" or Not applicable)

25b. Job Title <i>(If U.S. Government, include the Series and Grade)</i>		
From _____ <i>(mm-dd-yyyy)</i> To _____ <i>(mm-dd-yyyy)</i>	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address	Supervisor's Name and Contact Information Name _____ Phone Number _____ E-mail Address _____	
Describe your major duties/responsibilities and accomplishments.		
Reason(s) for leaving (Do not write "N/A" or Not applicable)		
25c. Job Title <i>(If U.S. Government, include the Series and Grade)</i>		
From _____ <i>(mm-dd-yyyy)</i> To _____ <i>(mm-dd-yyyy)</i>	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address	Supervisor's Name and Contact Information Name _____ Phone Number _____ E-mail Address _____	
Describe your major duties/responsibilities and accomplishments.		
Reason(s) for leaving (Do not write "N/A" or Not applicable)		

25d. Job Title (If U.S. Government, include the Series and Grade)			
From _____ (mm-dd-yyyy) To _____ (mm-dd-yyyy)	Salary per Year in U.S. Dollars or Local Currency	Hours per Week	
Employer's Name and Address		Supervisor's Name and Contact Information Name _____ Phone Number _____ E-mail Address _____	
Describe your major duties/responsibilities and accomplishments.			
Reason(s) for leaving (Do not write "N/A" or Not applicable)			
REFERENCES			
26. List three personal references who are not relatives or former supervisors who have knowledge of your work performance. Mission HR will obtain your permission before contacting any reference.			
	Name	Address	Telephone
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
SIGNATURE AND CERTIFICATION			
27. I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for termination/dismissal after I begin work, and may be punishable by fine or imprisonment according to this country's law or U.S. law. I understand that any information I voluntarily provide on or attached to this application may be investigated.			
<div style="display: flex; justify-content: space-between;"> Signature _____ Date (mm-dd-yyyy) _____ </div>			

PRIVACY ACT STATEMENT
(for U.S. Citizens and Legal Permanent Residents of the U.S.)

AUTHORITIES: The information is sought pursuant to, e.g., the Foreign Service Act of 1980, as amended, and 22 U.S.C. 2669 (c)

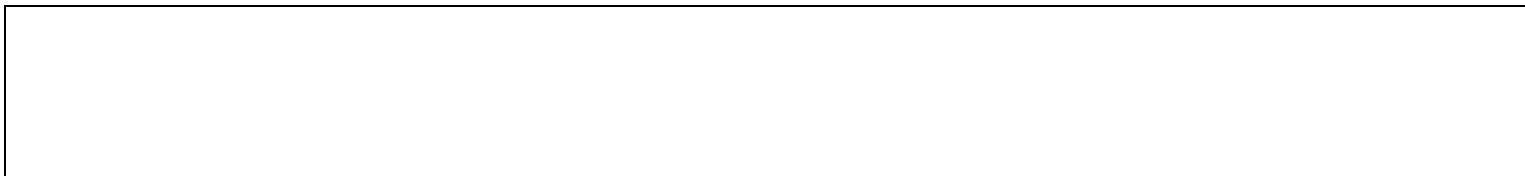
PURPOSE: The information solicited on this form is necessary to establish your eligibility and qualifications for advertised positions. The information furnished may also be used in the pre-employment fitness-for-duty process, if you are selected for a Mission position. We are authorized to solicit your social security number (SSN) by Executive Order 9397 to confirm the identity and employment eligibility of the individual. The SSN may also be used to seek information about you from employers, schools, banks, and others who know you. Disclosure of this information, including your social security number, is voluntary. Failure to provide the information requested on this application may result in delays in considering your application. It could result in you not receiving full consideration for the position. Incomplete addresses slow processing of your application.

ROUTINE USES: The information you provide in this form may be shared with Federal, State, local, and foreign agencies to the extent relevant and necessary for that agency's decision about you. This information may be disclosed to a member of Congress or to a congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent etc. This information may be disclosed to a member of Congress or to a congressional staff member in response to an inquiry of the Congressional office made at written request of the constituent about whom the record is maintained. Information may also be disclosed in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

BURDEN: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

EQUAL OPPORTUNITY STATEMENT

The United States Government is an equal opportunity employer.



DS-174 CONTINUATION SHEET - WORK EXPERIENCE25 _ Job Title *(If U.S. Government, include the Series and Grade)*From _____
(mm-dd-yyyy)To _____
(mm-dd-yyyy)

Salary per Year in U.S. Dollars or Local Currency

Hours per Week

Employer's Name and Address

Supervisor's Name and Contact Information

Name _____

Phone Number _____

E-mail Address _____

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving (Do not write "N/A" or Not applicable)

DS-174 CONTINUATION SHEET - WORK EXPERIENCE25 _ Job Title *(If U.S. Government, include the Series and Grade)*

From _____
(mm-dd-yyyy)To _____
(mm-dd-yyyy)

Salary per Year in U.S. Dollars or Local Currency

Hours per Week

Employer's Name and Address

Supervisor's Name and Contact Information

Name _____

Phone Number _____

E-mail Address _____

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving (Do not write "N/A" or Not applicable)

